

# CONTINUING EDUCATION COMPLIANCE FORM

**Please type or print clearly and legibly in ink. Please submit only one compliance form for each two-year compliance period.**

## Section I — GENERAL INFORMATION

1. FULL NAME): \_\_\_\_\_
2. CERTIFIED LANGUAGE(S): \_\_\_\_\_
3. THIS COMPLIANCE PERIOD IS FROM (mm/dd/yy)\_\_\_\_\_ TO 12/31/2001.

## Section II — SKILLS AND KNOWLEDGE

4. LIST YOUR CONTINUING EDUCATION ACTIVITIES DURING THE COMPLIANCE PERIOD, INCLUDING ALL "PARTICIPATORY" HOURS. YOU MUST COMPLETE A TOTAL OF 16 HOURS OF CONTINUING EDUCATION.

### A. ETHICS WORKSHOP

**I COMPLIED WITH MY AOC-APPROVED ETHICS REQUIREMENT ON**

**Date** \_\_\_\_\_ **at** \_\_\_\_\_.

**I UNDERSTAND THAT FAILURE TO MEET MY ETHICS REQUIREMENT DURING EACH COMPLIANCE PERIOD WILL AFFECT MY CERTIFICATION**

## B. CONTINUING EDUCATION ACTIVITIES

[illegible]**TOTAL HOURS:**

10

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### Section III — PROFESSIONAL EXPERIENCE

5. LIST THE 20 HOURS OF PROFESSIONAL ASSIGNMENTS THAT YOU HAVE PARTICIPATED IN DURING THE COMPLIANCE PERIOD (*an "assignment" is a law-related interpreting duty for a specific case, performed on a specific date*).

	DATE(S)	CASE NUMBER	CASE NAME	LOCATION	HOURS
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____
(5)	_____	_____	_____	_____	_____
(6)	_____	_____	_____	_____	_____
(7)	_____	_____	_____	_____	_____
(8)	_____	_____	_____	_____	_____
(9)	_____	_____	_____	_____	_____
(10)	_____	_____	_____	_____	_____
(11)	_____	_____	_____	_____	_____
(12)	_____	_____	_____	_____	_____
(13)	_____	_____	_____	_____	_____
(14)	_____	_____	_____	_____	_____
(15)	_____	_____	_____	_____	_____
(16)	_____	_____	_____	_____	_____
(17)	_____	_____	_____	_____	_____
(18)	_____	_____	_____	_____	_____
(19)	_____	_____	_____	_____	_____
(20)	_____	_____	_____	_____	_____

*I declare under penalty of perjury under the laws of the State of Washington that the information provided above is true and correct.*

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*Signature*

*Date*

Please mail to:

Administrative Office of the Courts  
Attention: Certified Court Interpreter Program  
1206 Quince Street SE  
P.O. Box 41170

Olympia, Washington 98504-1170

**Please sign, date, and provide all required information.  
Forms that are incomplete will be returned.**